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313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213)240-8101
Fax: (213) 481-0503

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care to Los Angeles County residents
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and through collaboration with
community and university partners.



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May 15, 2012

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT
(ALL DISTRICTS)
(3 VOTES)**

SUBJECT

To request Board approval for the Director of Health Services (Director) to accept compromise offers of settlement for patients who received medical care at either County facilities and/or at non-County operated facilities under the Trauma Center Service Agreement. The compromise offers of settlement referenced below are not within the Director's authority to accept.

IT IS RECOMMENDED THAT YOUR BOARD:

Authorize the Director or his designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, for the following individual accounts:

Patients who received medical care at County facilities:

- (1) Account Number LAC+USC MC – Various \$1,485
- (2) Account Number H-UCLA MC – 2067768 \$3,695
- (3) Account Number LAC+USC MC – Various \$4,413
- (4) Account Number H-UCLA MC – Various \$4,750
- (5) Account Number LAC+USC MC – Various \$5,000
- (6) Account Number H-UCLA MC – Various \$6,000
- (7) Account Number H-UCLA MC – Various \$10,000
- (8) Account Number LAC+USC MC – 8947497 \$10,972
- (9) Account Number LAC+USC MC – Various \$11,283

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

34 May 15, 2012

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

- (10) Account Number LAC+USC MC – Various \$11,488
- (11) Account Number LAC+USC MC – Various \$13,482
- (12) Account Number LAC+USC MC – Various \$15,000
- (13) Account Number H-UCLA MC – Various \$15,000
- (14) Account Number RLANRC – 6928410 \$10,000
- (15) Account Number LAC+USC MC – Various \$13,550

Trauma patients who received medical care at non-County facilities:

- (16) Account Number EMS - 527 \$3,056
- (17) Account Number EMS - 525 \$5,130

Total All Accounts: \$144,304

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Patients who received medical care at a County facility: The compromise offers of settlement for patient accounts (1) - (13) are recommended because the patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department was able to negotiate or was offered under the legal settlement involved in these cases. The compromise offers of settlement for patient accounts (14) – (15) are recommended because the patient cannot pay the full amount of charges based on his current financial status, and this is the highest amount he is able to contribute to settle the account.

Trauma patients who received medical care at non-County facilities: The compromise offers of settlement for patient account (16) – (17) are recommended because the County has agreements with certain non-County medical facilities under which it pays for trauma care provided to eligible indigent patients at those facilities. These agreements allow the County, after it has made payment for a particular patient, to pursue recovery from third parties who are financially responsible for such trauma care.

The best interests of the County would be served by approving the acceptance of these compromises, as it will enable the Department of Health Services (DHS) to maximize net revenue on these accounts.

Implementation of Strategic Plan Goals

The recommended action supports Goal 1, Operational Effectiveness, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

This will expedite the County's recovery of revenue totaling approximately \$144,304.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under County Code Chapter Section 2.76.046, the Director has the authority to reduce patient account liabilities by the greater of i) \$15,000, or ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director's authority requires Board approval.

On January 15, 2002, your Board adopted an ordinance granting the Director authority to compromise or reduce patient account liabilities when it is in the best interest of the County to do so.

On November 1, 2005, your Board approved a revised ordinance granting the Director authority to reduce, on an account specific basis, the amount of any liability owed to the County which relates to medical care provided by third parties for which the County is contractually obligated to pay, and related to which the County has subrogation or reimbursement rights. The revised ordinance was adopted by your Board on December 8, 2005.

Typically, recoveries in legal settlements are divided approximately into thirds between plaintiff, plaintiff's attorney, and all medical lien holders, which would include the County's lien. Factors that contribute to each party receiving more or less than one-third of the recovery include the number of medical lien holders, the patient's attorney retainer agreement, and costs accrued by the patient during the legal process.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Maximizing net revenues on patients who received medical care at County facilities will help DHS meet its budgeted revenue amounts. All payments received for the trauma accounts (non-County facilities) will replenish the Los Angeles County Trauma Fund.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mitchell Katz". The signature is fluid and cursive, with the first name "Mitchell" written in a larger, more prominent script than the last name "Katz".

Mitchell H. Katz, M.D.

Director

MHK:lg

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 1
DATE: MAY 15, 2012

Total Gross Charges	\$122,940	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$122,940	Date of Service	Various
Compromise Amount Offered	\$1,484.55	% Of Charges	1 %
Amount to be Written Off	\$121,455.45	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$122,940 for medical services rendered. The patient is an out-of-county patient and no other coverage was found. The patient's third party liability (TPL) claim settled for \$6,000 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	\$2,400	\$2,400	40 %
Lawyer's Cost	\$630.89	\$630.89	10 %
LAC+USC Medical Center **	\$122,940	\$1,484.55	25 %
Other Lien Holders **	\$1,484.56	\$1,484.56	25 %
Patient *	-	-	-
Total	-	\$6,000	100 %

* Attorney's fee of 40% was agreed upon in the retainer agreement between the patient and his attorney.

** Lien holders are receiving 50% of the settlement (25% to LAC+USC Medical Center and 25% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 2
DATE: MAY 15, 2012

Total Gross Charges	\$37,384	Account Number	2067768
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$37,384	Date of Service	11/29/11 – 12/3/11
Compromise Amount Offered	\$3,695	% Of Charges	10 %
Amount to be Written Off	\$33,689	Facility	H-UCLA Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient gross charges of \$37,384 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$5,000, the policy limit carried by the party responsible at the time of the accident, and the patient's insurance is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	-	-	-
Lawyer's Cost	-	-	-
H-UCLA Medical Center **	\$37,384	\$3,695	74 %
Other Lien Holders **	\$1,305	\$1,305	26 %
Patient	-	-	-
Total	-	\$5,000	100 %

* No attorney was involved in this settlement. Offer was made by the patient's insurance.

** Lien holders are receiving 100% of the settlement (74% to H-UCLA Medical Center and 26% to others).

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department can receive from this insurance carrier.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 3
DATE: MAY 15, 2012

Total Gross Charges	\$211,494	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$211,494	Date of Service	Various
Compromise Amount Offered	\$4,413.46	% Of Charges	2 %
Amount to be Written Off	\$207,080.54	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$211,494 for medical services rendered. The patient qualifies for Section 1011 coverage and has ATP (for inpatient services) and ORSA (for outpatient services) with no liability. DHS will refund any payments received from Section 1011 once payment from this settlement is received. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	\$6,000	\$6,000	40 %
Lawyer's Cost	\$173.08	\$173.08	2 %
LAC+USC Medical Center *	\$211,494	\$4,413.46	29 %
Other Lien Holders	-	-	-
Patient *	-	\$4,413.46	29 %
Total	-	\$15,000	100 %

* Attorney's fee of 40% was agreed upon in the retainer agreement between the patient and his attorney. This settlement distribution is consistent with the Hospital Lien Act (California Civil Code section 3045) which indicates that lien holders are entitled to up to 50% of the settlement after deducting attorney's fees and cost. The lien holders will receive 29% of the settlement with the patient receiving the remaining 29%.

This patient is covered by ATP and ORSA and as a condition of the ATP and ORSA agreement; the County may pursue reimbursement from any responsible third party. Based on the information provided, this compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 4
DATE: MAY 15, 2012

Total Gross Charges	\$57,948	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$57,948	Date of Service	Various
Compromise Amount Offered	\$4,750	% Of Charges	8 %
Amount to be Written Off	\$53,198	Facility	H-UCLA Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$57,948 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$5,000	\$5,000	33 %
Lawyer's Cost	\$287.50	\$287.50	2 %
H-UCLA Medical Center	\$57,948	\$4,750	32 %
Other Lien Holders	\$61,368.25	\$1,428	9 %
Patient	-	\$3,534.50	24 %
Total	-	\$15,000	100 %

* Lien holders are receiving 41% of the settlement (32% to H-UCLA Medical Center and 9% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 5
DATE: MAY 15, 2012

Total Gross Charges	\$57,098	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$57,098	Date of Service	Various
Compromise Amount Offered	\$5,000	% Of Charges	9 %
Amount to be Written Off	\$52,098	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$57,098 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$3,750	\$3,750	25 %
Lawyer's Cost	\$470	\$470	3 %
LAC+USC Medical Center	\$57,098	\$5,000	33 %
Other Lien Holders	-	-	-
Patient	-	\$5,780	39 %
Total	-	\$15,000	100 %

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 6
DATE: MAY 15, 2012

Total Gross Charges	\$28,881	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$28,881	Date of Service	Various
Compromise Amount Offered	\$6,000	% Of Charges	21 %
Amount to be Written Off	\$22,881	Facility	H-UCLA Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$28,881 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and the patient (who doesn't have an attorney and is representing himself) is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	-	-	-
Lawyer's Cost	-	-	-
H-UCLA Medical Center *	\$28,881	\$6,000	40 %
Other Lien Holders *	\$3,750	\$3,750	25 %
Patient	-	\$5,250	35 %
Total	-	\$15,000	100 %

* Lien holders are receiving 65% of the settlement (40% to H-UCLA Medical Center and 25% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 7
DATE: MAY 15, 2012

Total Gross Charges	\$83,984	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$83,984	Date of Service	Various
Compromise Amount Offered	\$10,000	% Of Charges	12 %
Amount to be Written Off	\$73,984	Facility	H-UCLA Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$83,984 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and the patient (who doesn't have an attorney and is representing himself) is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	-	-	-
Lawyer's Cost	-	-	-
H-UCLA Medical Center	\$83,984	\$10,000	67 %
Other Lien Holders	-	-	-
Patient	-	\$5,000	33 %
Total	-	\$15,000	100 %

* No attorney was involved in this settlement.

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 8
DATE: MAY 15, 2012

Total Gross Charges	\$30,410	Account Number	8947497
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$30,410	Date of Service	5/18/09 – 5/23/09
Compromise Amount Offered	\$10,971.66	% Of Charges	36 %
Amount to be Written Off	\$19,438.34	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in a slip and fall accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient gross charges of \$30,410 for medical services rendered. The patient is an out-of-county patient and no other coverage was found. The patient's third party liability (TPL) claim settled for \$30,000 and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$7,500	\$7,500	25 %
Lawyer's Cost	\$556.69	\$556.69	2 %
LAC+USC Medical Center *	\$30,410	\$10,971.66	36 %
Other Lien Holders *	\$3,800.31	\$3,800.31	13 %
Patient	-	\$7,171.34	24 %
Total	-	\$30,000	100 %

* Lien holders are receiving 49% of the settlement (36% to LAC+USC Medical Center and 13% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 9
DATE: MAY 15, 2012

Total Gross Charges	\$45,130	Account Number	Various
Amount Paid	\$1,906	Service Type	Inpatient & Outpatient
Balance Due	\$43,224	Date of Service	Various
Compromise Amount Offered	\$11,282.86	% Of Charges	25 %
Amount to be Written Off	\$31,941.14	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in a slip and fall accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$45,130 for medical services rendered. The patient has ATP (for inpatient services) and ORSA (for outpatient services). No other coverage was found. The patient's third party liability (TPL) claim settled for \$45,000 and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$15,000	\$15,000	33 %
Lawyer's Cost	\$3,356.14	\$3,356.14	8 %
LAC+USC Medical Center	\$43,224	\$11,282.86	25 %
Other Lien Holders	-	-	-
Patient *	-	\$15,361	34 %
Total	-	\$45,000	100 %

* The patient was disabled by the accident and will receive 34% of the settlement as compensation.

This patient is covered by ATP and ORSA and as a condition of the ATP and ORSA agreement; the County may pursue reimbursement from any responsible third party. Based on the information provided, this compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 10
DATE: MAY 15, 2012

Total Gross Charges	\$27,688	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$27,688	Date of Service	Various
Compromise Amount Offered	\$11,487.50	% Of Charges	41 %
Amount to be Written Off	\$16,200.50	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in a slip and fall accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$27,688 for medical services rendered. The patient's application for Healthy Way LA (HWLA) is pending and no other coverage was found. If HWLA is approved, DHS will refund the settlement amount. The patient's third party liability (TPL) claim settled for \$47,500 and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	\$21,375	\$21,375	45 %
Lawyer's Cost	\$3,150	\$3,150	7 %
LAC+USC Medical Center **	\$27,688	\$11,487.50	24 %
Other Lien Holders **	\$3,246	\$3,246	7 %
Patient	-	\$8,241.50	17 %
Total	-	\$47,500	100 %

* Attorney's fee of 45% was agreed upon in the retainer agreement between the patient and her attorney. This settlement distribution is consistent with the Hospital Lien Act (California Civil Code section 3045) which indicates that lien holders are entitled to up to 50% of the settlement after deducting attorney's fees and cost. The lien holders will receive 31% of the settlement with the patient receiving the remaining 17%.

** Lien holders are receiving 31% of the settlement (24% to LAC+USC Medical Center and 7% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 11
DATE: MAY 15, 2012

Total Gross Charges	\$68,702	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$68,702	Date of Service	Various
Compromise Amount Offered	\$13,481.67	% Of Charges	20 %
Amount to be Written Off	\$55,220.33	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in a slip and fall accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$68,702 for medical services rendered. The patient qualifies for Section 1011 and no other coverage was found. DHS will refund any payments received from Section 1011 once payment from this settlement is received. The patient's third party liability (TPL) claim settled for \$42,500 and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$14,666.66	\$14,666.66	34 %
Lawyer's Cost	\$435.00	\$435.00	1 %
LAC+USC Medical Center *	\$68,702	\$13,481.67	32 %
Other Lien Holders *	\$9,776	\$2,894.28	7 %
Patient *	-	\$11,022.39	26 %
Total	-	\$42,500	100 %

* Lien holders are receiving 39% of the settlement (32% to LAC+USC Medical Center and 7% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 12
DATE: MAY 15, 2012

Total Gross Charges	\$32,405	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$32,405	Date of Service	Various
Compromise Amount Offered	\$15,000	% Of Charges	46 %
Amount to be Written Off	\$17,405	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile versus bicycle accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$32,405 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$50,000 and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$12,500	\$12,500	25 %
Lawyer's Cost	\$895.59	\$895.59	2 %
LAC+USC Medical Center *	\$32,405	\$15,000	30 %
Other Lien Holders *	\$9,112.64	\$8,108.64	16 %
Patient	-	\$13,495.77	27 %
Total	-	\$50,000	100 %

* Lien holders are receiving 46% of the settlement (30% to LAC+USC Medical Center and 16% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 13
DATE: MAY 15, 2012

Total Gross Charges	\$70,966	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$70,966	Date of Service	Various
Compromise Amount Offered	\$15,000	% Of Charges	21 %
Amount to be Written Off	\$55,966	Facility	H-UCLA Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$70,966 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$50,000 and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$16,666.66	\$10,000	20 %
Lawyer's Cost	\$78.89	\$78.89	-
H-UCLA Medical Center *	\$70,966	\$15,000	30 %
Other Lien Holders *	\$19,054	\$9,795	20 %
Patient	-	\$15,126.11	30 %
Total	-	\$50,000	100 %

* Lien holders are receiving 50% of the settlement (30% to H-UCLA Medical Center and 20% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 14
DATE: MAY 15, 2012

Total Gross Charges	\$26,196	Account Number	6928410
Amount Paid	\$80	Service Type	Inpatient
Balance Due	\$26,116	Date of Service	9/19/11 – 9/22/11
Compromise Amount Offered	\$10,000	% Of Charges	38 %
Amount to be Written Off	\$16,116	Facility	RLANRC

JUSTIFICATION

This patient was treated at Rancho Los Amigos National Rehabilitation Center (RLANRC) and incurred total inpatient gross charges of \$26,196 for medical services rendered. The patient did not apply for Medi-Cal or ATP and no other coverage was found. Based on the information provided, it appears the patient does not have the financial means to pay the full cost of care and this is the highest amount he is able to contribute to settle the account.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 15
DATE: MAY 15, 2012

Total Gross Charges	\$40,488	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$40,488	Date of Service	Various
Compromise Amount Offered	\$13,550	% Of Charges	33 %
Amount to be Written Off	\$26,938	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$40,488 for medical services rendered. No coverage was found for the patient. Based on the information provided, it appears the patient does not have the financial means to pay the full cost of care and this is the highest amount he is able to contribute to settle the account.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 16
DATE: May 15, 2012

Total Charges (Providers)	\$73,900	Account Number	EMS 527
Amount Paid to Provider	\$25,272	Service Type / Date of Service	Inpatient 8/15/2007 - 8/20/2007
Compromise Amount Offered	\$3,056	% of Payment Recovered	12%

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at Holy Cross Hospital and incurred total inpatient gross charges of \$73,900 for medical services rendered. The provider has received payment from the Los Angeles County Trauma Fund in the amount of \$25,272. The patient's third-party claim has been settled for \$14,167 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement (\$14,167)
Attorney fees	\$4,722	\$4,722	33%
Other Lien Holders *	40,258	\$1,561	11%
Los Angeles County *	73,900	\$3,056	22%
Patient		\$4,828	34%
Total		\$14,167	100 %

* Lien holders are receiving 33% of the settlement (22% to Los Angeles County and 11% to others).

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

Proposed settlement reimburses the Trauma Fund 12% (\$3,056) of amount paid to Holy Cross Hospital.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 17
DATE: MAY 15, 2012

Total Charges (Providers)	\$106,771	Account Number	EMS 525
Amount Paid to Provider	\$27,544	Service Type / Date of Service	Inpatient & Outpatient 8/23/2010 - 8/27/2010
Compromise Amount Offered	\$5,130	% of Payment Recovered	19%

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at Holy Cross Hospital and incurred total inpatient and outpatient gross charges of \$106,771 for medical services rendered. The provider has received payment from the Los Angeles County Trauma Fund in the amount of \$27,544. The patient's third-party claim has been settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement (\$15,000)
Attorney fees	\$5,000	\$5,000	33%
Attorney cost	\$200	\$200	1%
Other Lien Holders	8,516	\$2,600	17%
Los Angeles County	\$106,771	\$5,130	35%
Patient		\$2,070	14%
Total		\$15,000	100 %

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

Proposed settlement reimburses the Trauma Fund 19% (\$5,130) of amount paid to Holy Cross Hospital.